

FOOD SYSTEMS

PLANNING OFFICE

CITY OF BARRIE

This document outlines a proposal for the creation of a Food Systems Planning Office for the City of Barrie; Canada's first Food Systems Planning Office.

Written by: Leah Dyck

February 2024

Forbes

Here's an excerpt from a Forbes Magazine article published on Nov. 21, 2017; Cities Are Growing More Powerful, And That May Be Good For You.



“

When billionaire businessman and philanthropist Mike Bloomberg first became Mayor of New York City (NYC), the 2nd most populated city in the world, he was asked whether extra security was needed at the United States Conference on Mayors in NYC. Bloomberg responded, "I told them I didn't think any of the mayors would be that dangerous." Well, during his 12-year term as Mayor of NYC, he found the opposite: a mayor can actually do quite a lot to help prevent death and suffering. He introduced a number of public health initiatives such as banning trans fats from restaurants, requiring restaurant chains to post calorie counts for their food items, and banning smoking in bars and restaurants...

As Bloomberg related, during his term as Mayor "the life expectancy of New Yorkers increased by three years and became two years longer than the national average." These experiences helped him realize that Mayors of large cities could play major roles in preventing and controlling non-communicable diseases (NCDs) around the world.

”

1

1

Under Mike Bloomberg, New York City's welfare rolls fell 25 percent, and nearly 900,000 people moved from welfare to work.

Bloomberg's website

2

The Bloomberg Philanthropies' Food Policy Program has committed over \$435 million to help public health advocates and experts promote healthier diets through policy change.

One of Bloomberg's charities

3

Policies addressing the three primary targets—retail access, nutrition content, and food support—are generally coordinated through the Mayor's Office of Food Policy, which the Bloomberg administration established in 2006, appointing the Food Policy Coordinator as the office lead. This office brought together anti-obesity and anti-hunger policies and stakeholders for the first time and allowed for city agencies to take a broader perspective on food policy. The Mayor's Office of Food Policy also brought departmental programs that Mayor Bloomberg created earlier under a broader food policy umbrella. Since 2006, the city government modified or expanded these programs layered a host of new programs onto the food policy landscape.

Innovations in NYC Health & Human Services Policy

Food Systems Planning

Household food insecurity in Barrie is an urgent and worsening public health crisis.

Food systems are integral to public health and well-being. Research has raised the profile of food systems in the planning field.

Based on research conducted by Canadian Planners and Practitioners, the following overview plan was derived:

In 2019, the federal government created the Food Policy for Canada. It's initial directives included:

1. Development of infrastructure for food processing, and
2. Support for climate change mitigation in agriculture

COVID-19 pandemic exposed many glaring food system issues and increased awareness of the need to advance more resilient and equitable food systems and communities.

In 2021, the Canadian Food Policy Advisory Council was created to further support federal food policies.

Who Should Be Responsible?

There's a lack of clarity around who's responsible for food systems planning; local, provincial or federal? And this is causing food systems issues to remain unaddressed.

Currently, those in decision-making roles are not impacted by food system inequities and that's why food systems planning initiatives don't get attention.

The lived experience of planners alters their perspectives when engaging with food systems. A lack of lived experience, especially in leadership roles, impact how food systems are understood and limits how they're addressed.

Meaningful representation is necessary in achieving equity outcomes. Insights from those working on the ground are valuable in identifying the barriers that limit engagement in food systems planning

Simcoe County Food Council

The Simcoe County Food Council lacks political support, has no budget, or capacity to support food security initiatives, which means their one and only role is to monitor and report on how bad food insecurity is. The limited investments in food systems work from provincial and federal governments has prevented highly impactful programs like Fresh Food Weekly from having any ability to take action.

Urban Pantry

The Urban Pantry is constrained by its specific mandate and lacks the capacity to address other issues. As a result, their work remains narrowly focused on facilitating urban food growing and community gardening, which does nothing for people outside of walking proximity, or anything at all for eight months of the year.

The Benefits

Food Systems Planners

The role of food systems planners is to safeguard the health and well-being of communities by addressing the use of resources with consideration to social efficacy.

Collaborative efforts for more just and sustainable food systems can be advanced through community-based planning initiatives.

Primary Outcome

Advance the Healthy Barrie Initiative by implementing the proposed Research Study.

Advance the development of the Healthy Barrie Initiative to provide integrated community-based preventative health support, and prioritize the incubation of a Research Study at the Family Medicine Teaching Unit.

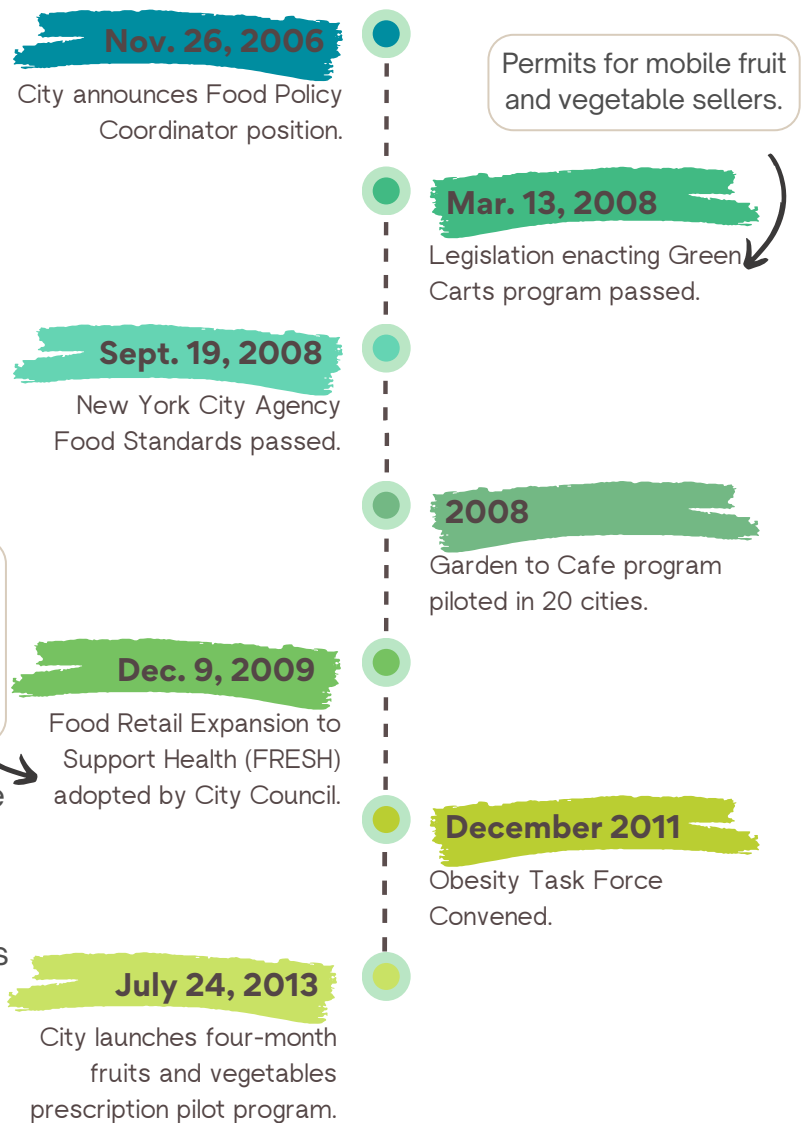
The Healthy Barrie Initiative includes the support of the Barrie Community Health Team, the Family Medicine Teaching Unit at the Royal Victoria Regional Health Centre, the Simcoe-Muskoka District Health Unit and the University of Toronto.

Critical Outcomes

- 01 Mitigate systemic inequalities and improve food system outcomes for disabled, elderly and Indigenous population groups.
- 02 Use policy and regulatory tools to address food security and infrastructure development.
- 03 Identify and apply for funding from local governments to engage in food systems planning.

Office offers zoning and tax incentives for large supermarkets to locate in food deserts underserved by other markets.

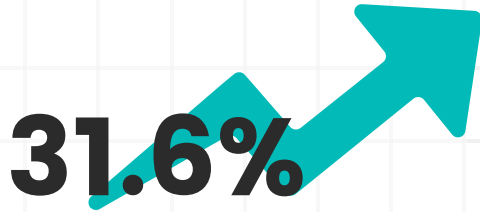
Food Policy Outcomes From The Bloomberg Administration Worth Noting:



BARRIE, ONT DEMOGRAPHICS

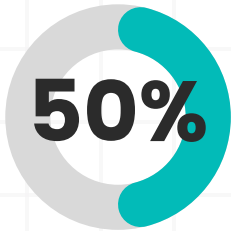
These are some important demographic information to know when looking at Barrie's need for food systems planning.

Between 2005 and 2015, the number of people in Simcoe County living on low-income increased by



Simcoe County's population was:
479,650
in 2016.

In 2022,



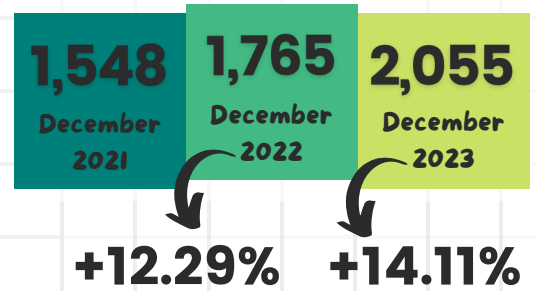
of Simcoe County's homeless population was in Barrie.

If 50% of Simcoe County's low-income residents are also in Barrie, then by 2026,

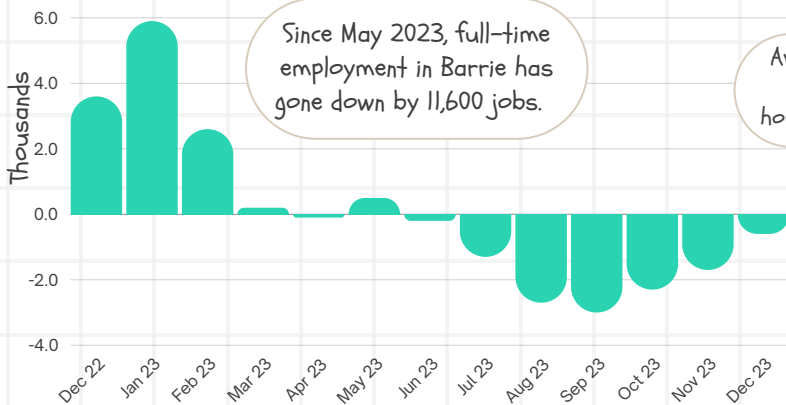
40,290

people living in Barrie will be living on low-income.

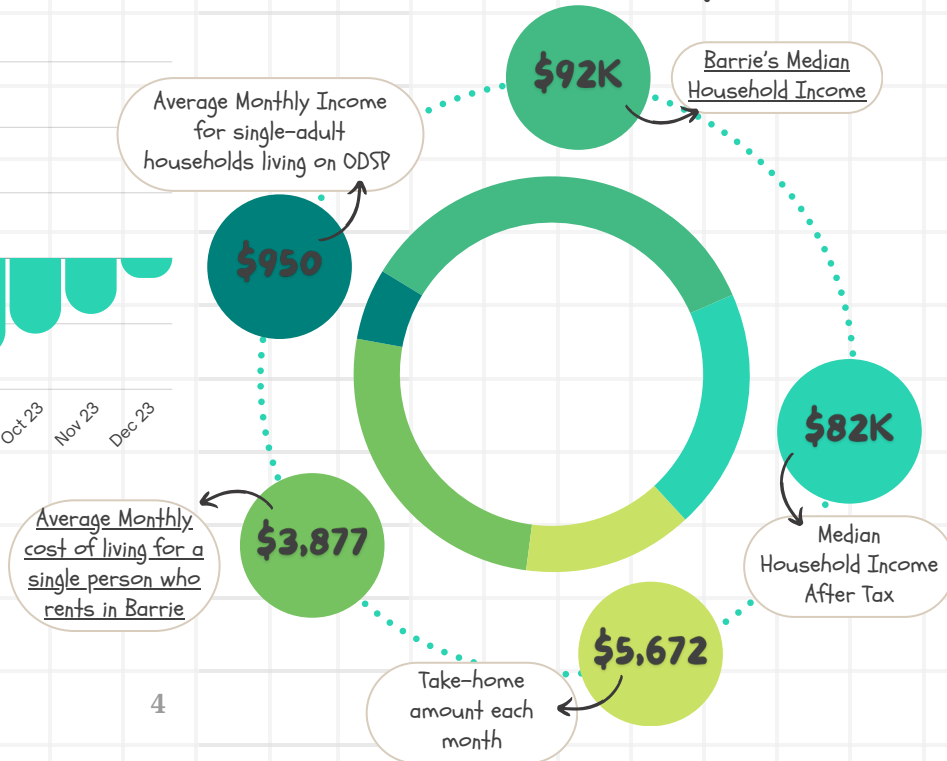
Barrie Residents Receiving OW



Monthly Full-Time Job Growth* Barrie



Barrie's Income Groups



The Research Study

Dr. Matthew Orava at the Barrie Family Medicine Teaching Unit considers the Fresh Food Weekly program to be “highly impactful”.

In July 2023, Leah connected with Dr. Matthew Orava and Dr. DiDiodato to apply for a grant in a partnership project with the United Way of Simcoe Muskoka.

The proposed project was a three-year research study that would determine each Participant’s health care costs incurred by OHIP and ODSP during the three-year period before the Study when Participants were severely food insecure, and then compare them to the costs incurred by OHIP and ODSP during the three-year Study when Participants became food secure through weekly deliveries of fresh food.

The Study would have been conducted by Dr. DiDiodato, the Chief Research Scientist at the RVH and the Canadian Treatments for COVID-19 or 'CATCO' study; a part of the Solidarity Trial led by the World Health Organization.

The Study looks at each Participant’s health care costs incurred by OHIP and ODSP during the three-year period before the Study when Participants were severely food insecure, and then compared them to the costs incurred by OHIP and ODSP during the three-year Study when Participants became food secure through weekly deliveries of fresh food.

This would have provided the evidence-based data needed to inform policy changes at the national level.



The United Way declined the application stating the reason was because Fresh Food Weekly didn’t have a Board of Directors.

****Please see page 12 for a Letter of Support from Dr. Matthew Orava, which was included in the application to the United Way.****

Activities of the Study

- 01 Establish a formal committee to allow scientists and policy-makers to discuss issues.

- 02 Utilize various “brokerage mechanisms” which include arranging seminars for policy-makers, and retaining individuals to act as research brokers or translators. Such individuals take the findings from researchers and bring them to the attention of policy-makers and others.

- 03 Create links between researchers and policy-makers so that together, at the priority setting interface, they produce a research agenda that reflects a clear synthesis between the needs of the Participants, the policy-makers, and the researcher.

- 04 Develop a database of evidence and review of research when preparing evidence to inform policies on the reduction of health inequalities.

- 05 Act as a mechanism that synthesizes research, as well as identifies research that should be acted upon versus research that shouldn’t.

How Would The Office Work?

An office independent of the County of Simcoe will provide the autonomy and decision-making authority needed for community organizations and programs with high impact health outcomes to get funded.

Mike Bloomberg trail-blazed New York City's Food Systems Planning Office in 2006, creating the foundation for food systems planning everywhere, all because he had a vision for a better life for all New Yorkers.

In [this report detailing New York City's Food Policy](#), it's been highlighted that by having this Office housed in The Mayor's Office, **his influence was effective at overcoming disagreements and pushing policy forward**. The strong mayoral authority was stated as engendering bad feelings - particularly from those who felt that the Mayor didn't share their priorities.

They learned that agencies work well together when one acts as the lead, and the policy "lives" with a particular entity, easing implementation and facilitating ownership.

Gabrielle Blavatsky, Policy Director, [Equity Advocates](#), New York City, USA

- How to make policy changes: 36 mins in.
- Legislative advocacy: 37 mins in.
- **Parts to listen to:** 37:35 to 39:32.

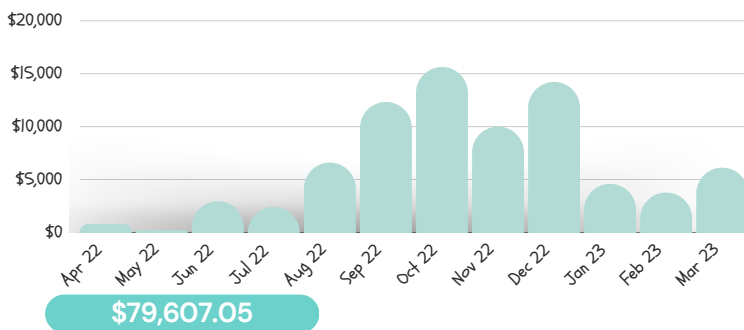


Leah & FFW

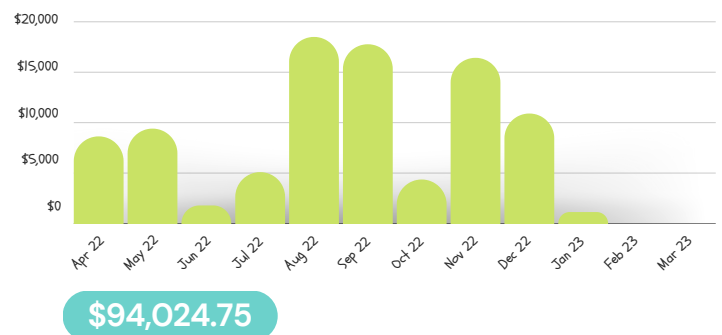
Not only have I been living in Barrie public housing for the last 15 years, I've spent the last two years delivering +\$300,000 worth of fresh food to the most vulnerable in Barrie and Innisfil.

Between April 2022 and today, I've personally raised \$173K as a result of running the Fresh Food Weekly program:

Fiscal Year 1

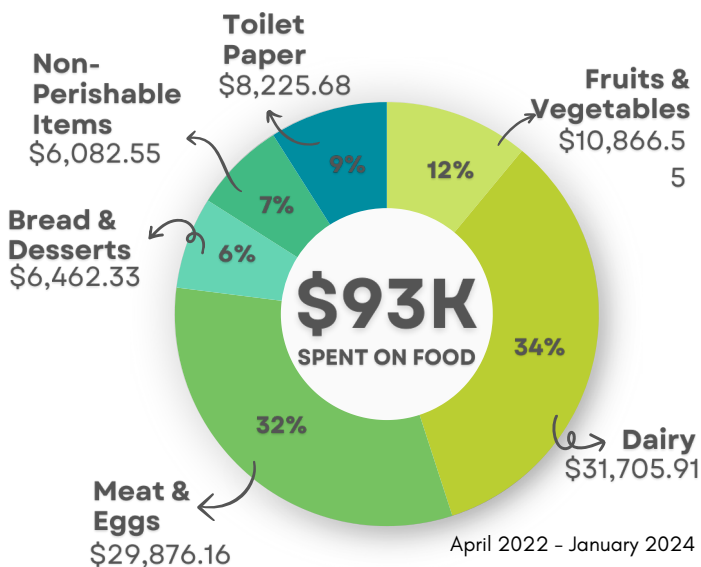


Fiscal Year 2

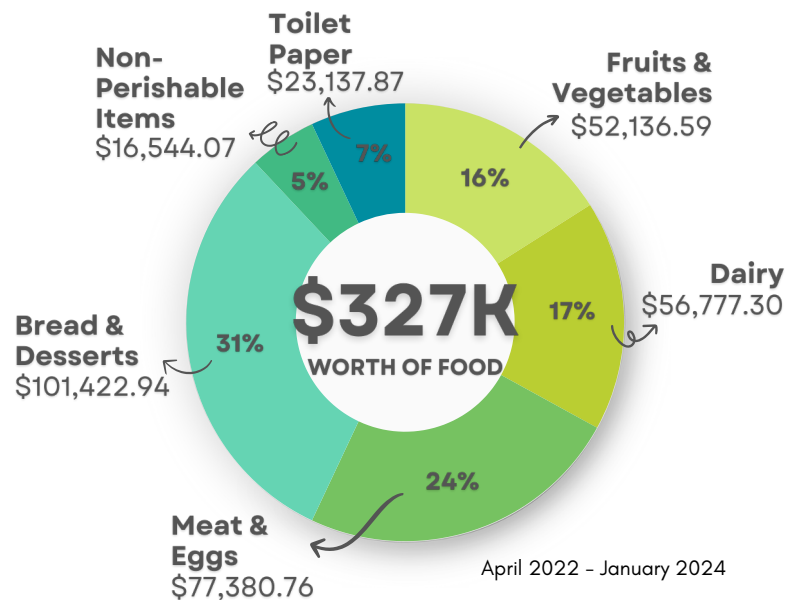


Total Raised: \$173,631.80

How Much Was Spent on Food:



The Value of This Food:



Leah's Proposed Role

Food Policy Director

An equitable city is one where all residents have fair access to and participation in the life of the city. However, Barrie's disadvantaged population groups aren't prioritized, represented, or even engaged when it comes to their health and well-being.

Equitable community food systems will come when public policy processes include the participation of people with Lived Experience. This exclusion in public-policy processes has led to generations of inequitable health outcomes for Barrie's most vulnerable, who're now experiencing unprecedented levels of human suffering.

The design of the policy-making process sets the stage for whether the resulting policy even considers equity at all. A lack of inclusion by the County of Simcoe when designing policy-making processes has exponentially grown health inequities in Barrie.

Designers of public engagement processes must take into consideration the opinions and views of those most affected by those public policies, as well as the barriers preventing them from participating in policy-making processes.

Spending the last 15 years living in Barrie's public housing has given me the unique perspective of Lived Experience. Running the Fresh Food Weekly program has provided me with insights on Barrie's current food security landscape and I know that if I had the space needed to improve food security in Barrie, then together, with the City of Barrie, we could change the lives of thousands of people in a very meaningful way.

Proposed responsibilities for the Food Policy Director

Leverage existing government policy responsibilities to develop new policy frameworks.

Create relationships with government officials using strategies that address the training gaps related to communication with decision makers, so decision-makers can become educated and sufficiently informed in order to make funding available.

Include input from the leadership of grassroots organizations in the development of food system policies and programs as well.

Support local food infrastructure development, as it's a directive in Canada's Food Policy.

Support community initiatives in:

- Identifying food system objectives,
- Planning and implementing pilot projects and support services, and
- Assessing the impacts of these projects and services.

Tasks/Activities

- 01 Development of written policy guidelines regarding:
 - 1) Comprehensive food systems planning,
 - 2) Climate change food systems planning, and
 - 3) Social policy food systems planning.
- 02 Create a case study for other jurisdictions to use as a resources to help them "make the case" for investment in food planning and policy development to elected officials.
- 03 Create and share new professional development opportunities in food systems planning.
- 04 Develop evidence-based resources for food systems planning in Ontario.
- 05 Development of resources to better support community-based initiatives.

How to Create the Office

Minister's Directive: Modernizing home and community care service provider organization selection process and agreements

This directive is issued pursuant to subsection 20(1) of the Connecting Care Act, 2019 ("CCA"), which authorizes the Minister of Health ("Minister") to issue directives to Ontario Health where the Minister considers it to be in the public interest to do, and pursuant to subsection 11.1(1) of the Local Health System Integration Act, 2006 ("LHSIA") which authorizes the Minister to issue operational or policy directives to the Local Health Integration Networks ("LHINs") where the Minister considers it to be in the public interest to do so.

Local Health System Integration Act, 2006

Preamble

The people of Ontario and their government,

(a) confirm their enduring commitment to the principles of public administration, comprehensiveness, universality, portability, accessibility and accountability as provided in the Canada Health Act (Canada)..

(b) are committed to the promotion of the delivery of public health services by not-for-profit organizations;

(c) acknowledge that a community's health needs and priorities are best developed by the community, health care providers and the people they serve;

(d) are establishing local health integration networks to achieve an integrated health system and enable local communities to make decisions about their local health systems;

(e) recognize the need for communities, health service providers, local health integration networks and the government to work together to reduce duplication and better co-ordinate health service delivery to make it easier for people to access health care;

(f) believe that the health system should be guided by a commitment to equity and respect for diversity in communities in serving the people of Ontario...

(h) believe in public accountability and transparency to demonstrate that the health system is governed and managed in a way that reflects the public interest and that promotes continuous quality improvement and efficient delivery of high quality health services to all Ontarians;

(j) envision an integrated health system that delivers the health services that people need, now and in the future.

Purpose of the Act

1. The purpose of this Act is to provide for an integrated health system to improve the health of Ontarians through better access to high quality health services, co-ordinated health care in local health systems and across the province and effective and efficient management of the health system at the local level by local health integration networks.

Health service provider

(2) In this Act, “health service provider”, subject to subsection (3), means the following persons and entities:

11. Any other person or entity or class of persons or entities that is prescribed.

Objects

5. The objects of a local health integration network are to plan, fund and integrate the local health system to achieve the purpose of this Act, including,

(a) to promote the integration of the local health system to provide appropriate, co-ordinated, effective and efficient health services;

(b) to identify and plan for the health service needs of the local health system in accordance with provincial plans and priorities and to make recommendations to the Minister about that system, including capital funding needs for it;

(c) to engage the community of persons and entities involved with the local health system in planning and setting priorities for that system, including establishing formal channels for community input and consultation;

(f) to participate and co-operate in the development by the Minister of the provincial strategic plan and in the development and implementation of provincial planning, system management and provincial health care priorities, programs and services;

(j) to bring economic efficiencies to the delivery of health services and to make the health system more sustainable;

(k) to allocate and provide funding to health service providers, in accordance with provincial priorities, so that they can provide health services and equipment;

Approval of two Ministers

(4) A local health integration network shall not exercise the following powers without the approval of both the Minister and the Minister of Finance:

2. Acting in association with a person or entity that conducts any fundraising activities or programs, directly or indirectly, for the network.

Planning & Community Engagement

Provincial strategic plan

14. (1) The Minister shall develop a provincial strategic plan for the health system that includes a vision, priorities and strategic directions for the health system...

Members

(3) The Minister shall appoint the members of each of the councils established under subsection (2) who shall be representatives of the organizations that are prescribed.

Integrated health service plan

15. (1) Subject to subsection 16 (1), each local health integration network shall, within the time and in the form specified by the Minister, develop an integrated health service plan for the local health system...

Health professionals advisory committee

(5) Each local health integration network shall establish a health professionals advisory committee consisting of the persons that the network appoints from among members of those regulated health professions that the network determines or that are prescribed.

FUNDING AND ACCOUNTABILITY

Funding of networks

17. (1) The Minister may provide funding to a local health integration network on the terms and conditions that the Minister considers appropriate.

INTEGRATION AND DEVOLUTION

Identifying integration opportunities.

24. Each local health integration network and each health service provider shall separately and in conjunction with each other identify opportunities to integrate the services of the local health system to provide appropriate, co-ordinated, effective and efficient services.

Integration by networks

25. (1) A local health integration network may integrate the local health system by,

- (a) providing or changing funding to a health service provider under subsection 19 (1);
- b) facilitating and negotiating the integration of persons or entities where at least one of the persons or entities is a health service provider or the integration of services between health service providers or between a health service provider and a person or entity that is not a health service provider;
- (c) issuing a decision under section 26 that requires a health service provider to proceed with the integration described in the decision;

How to Create The Proposed Food Systems Planning Office

Option 2:

If the way to create this Office presented in the proposal can't work for some reason, then option 2 could be an alternative route forward. However, the first option would provide greater access to federal government members, which would be beneficial for long-term funding opportunities. .

Municipal Act

Municipal Service Boards: 196 (1) ... a municipality can establish a municipal service board.

Functions of Municipal Service Boards: 198 (1)
A municipality may give a municipal service board the control and management of such services and activities...

Role of Council: 224 It is the role of council,
c) to determine which services the municipality provides,
b) to develop and evaluate the policies and programs of the municipality.

****Must conduct activities that address **ALL** barriers to household food insecurity!****

Educational Session Meeting: (3.1) A meeting of a council or local board or of a committee of either of them may be closed to the public.

Adoption of Policies

270 (1) A municipality shall adopt and maintain policies with respect to...

3. Its' procurement of... services.
6. The delegation of its powers and duties.
7. The manner in which the municipality will protect and enhance the... natural vegetation in the municipality.

The proposed service to be delivered is a **public health service** and NOT a social service.

Integrated Planning for Service Delivery

271 The Minister [of Municipal Affairs and Housing], may make regulations prescribing actions that municipalities must take which... are desirable to support the integration of planning for municipal service delivery with planning for service delivery by other public bodies or persons.

The Simcoe Muskoka District Health Unit's Chief Medical Officer of Health is: Dr. Charles Gardner.

The Minister of Health is Sylvia Jones.

Grants & Loans

(2) The Minister may, make grants and provide other financial assistance to a municipality.

PART VI. 1 Special Powers & Duties of the Head of Council

Directions to Municipal Employees

284.3 ... the head of council may direct municipal employees to:

1. undertake research and provide advice to the head of council and the municipality on policies and programs of the municipality.

****Commission a market research study for an agriculture investment project.*

Powers of Local Boards

284.7 ...

1. The power to establish... committees.

****A committee should be created to further support this office, containing members of relevant industries.*

3. The power to assign functions to committees.

Powers & Duties RE Budget

284.16 (1) ... proposing and adopting a budget are assigned to the head of council of the municipality.

****This person must be properly educated before making any budget decisions.****

Health Protection and Promotion Act

77.9 (1) The Chief Medical Officer of Health may issue a directive to any or all boards of health or medical officers of health requiring the adoption or implementation of policies or measures concerning the matters set out in subsection.

(2) if the Chief Medical Officer of Health is of the opinion,

(a) that there exists, or there is an immediate risk of, a provincial, national or international public health event, a pandemic or an emergency with health impacts anywhere in Ontario; and

(b) that the policies or measures are necessary to support a co-ordinated response to the situations referred.

(a) or to otherwise protect the health of persons.

Restriction

(2) The Chief Medical Officer of Health may only make a directive under this section with respect to measures or policies concerning,

(c) public health emergency preparedness; or

(d) a matter prescribed in regulations made by the Minister.

Duty of Board of Health

4 Every board of health,

(a) shall superintend, provide or ensure the provision of the health programs and services required by this Act and the regulations to the persons who reside in the health unit served by the board.

This is a letter of support written by Dr. Orava that was included in the grant application to the United Way.

August 31, 2023

Re: Collaborative Partnership for Food Security Research and Development

To Whom It May Concern,

I am pleased to write this letter to strongly support the application for funding of the community project titled “Collaborative Partnership for Food Security Research Development.” I am a family physician and researcher at the University of Toronto Barrie Family Medicine Teaching Unit (FMTU) at the Royal Victoria Regional Health Centre (RVH) in Barrie. One of my roles at the Barrie FMTU is the resident research program director. I am also the Tristan Lawson Distinguished Fellow in Child Nutrition and Community Engagement from the University of Toronto Temerty Faculty of Medicine Joannah and Brian Lawson Centre for Child Nutrition.

I have reviewed the proposal and can see the great merit of addressing food security and measuring the impact of this. The Barrie FMTU is committed to providing support for this project in the form of a resident researcher and a faculty supervisor to help contribute to achieving the research study.

Regards,



Matthew Orava
BSc(H), MSc, MD, CCFP
Staff Family Physician
Family Medicine Teaching Unit
Royal Victoria Regional Health Centre
Barrie, Ontario
Lecturer (adjunct)
Department of Family and Community Medicine
University of Toronto

Healthy Barrie

A Community-Based Partnership to Improve Health and Wellness
in the City of Barrie



Presentation to Barrie City Council
October 5, 2020

Patrick Feng, University of Toronto

Healthy Barrie

What?	A community-based partnership with the City of Barrie, public health, primary care, and University of Toronto.
Why?	To improve health and well-being, <u>support health system innovation</u> , and <u>develop research capacity</u> in Barrie.
How?	By connecting health organizations and <u>creating opportunities to work on projects of aligned interest.</u>

Preventive health programs like Fresh Food Weekly could be included in the Healthy Barrie Initiative.

Furthermore, from a municipal perspective, a preventative health service that addresses food deprivation is an innovative, and impactful approach to achieving preventive health outcomes.

Here's a screenshot from the [Simcoe Muskoka District Health Unit's website](#), and it describes the population group at the highest risk of household food insecurity in Simcoe County:

Household Food Insecurity In Simcoe Muskoka

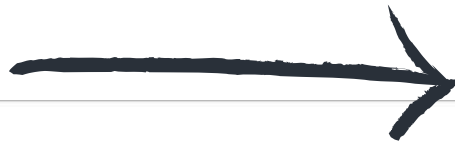
Household food insecurity is worsening. In Simcoe Muskoka, [1 in 5](#)^[1] (18%) of households experienced food insecurity in 2022. The risk of food insecurity is higher for households that:

- live with low incomes,
- have a lone-parent, especially a female lone-parent,
- rent their home vs. own their home.

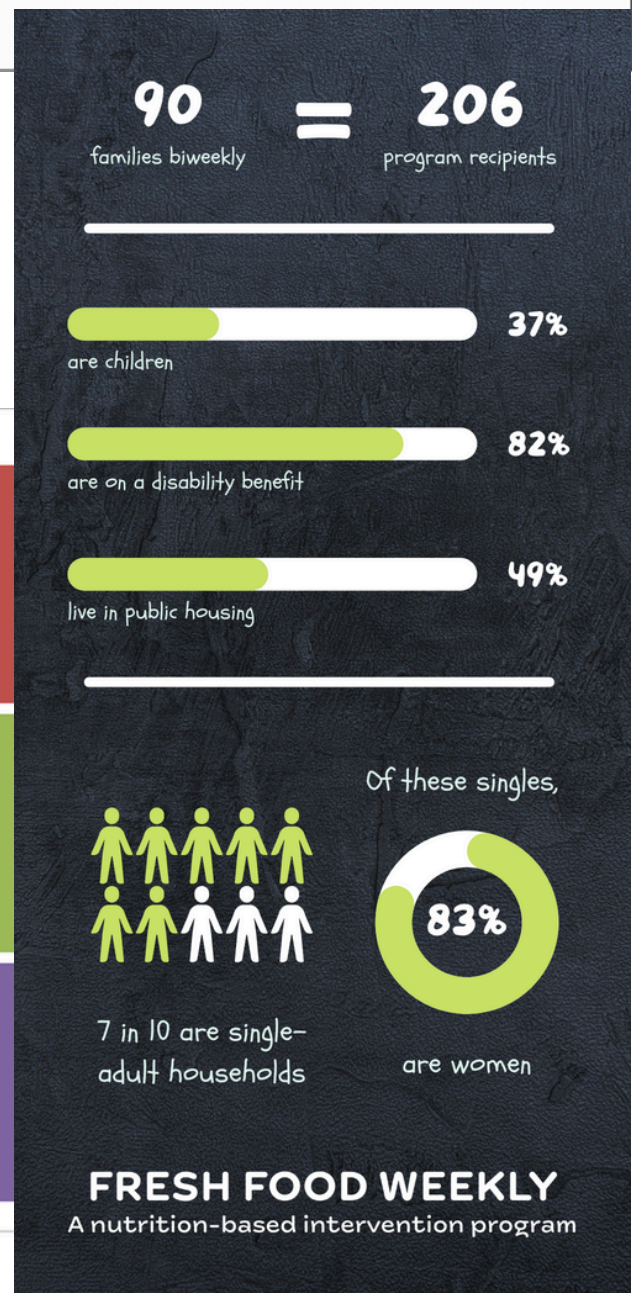
More detailed information about household food insecurity in Simcoe Muskoka can be found on our [Household Food Insecurity HealthSTATS webpage](#).

[1] Ontario Agency for Health Protection and Promotion (Public Health Ontario). Household food insecurity estimates from the Canadian Income Survey: Ontario 2019-2022. Toronto, ON: King's Printer for Ontario; 2023.

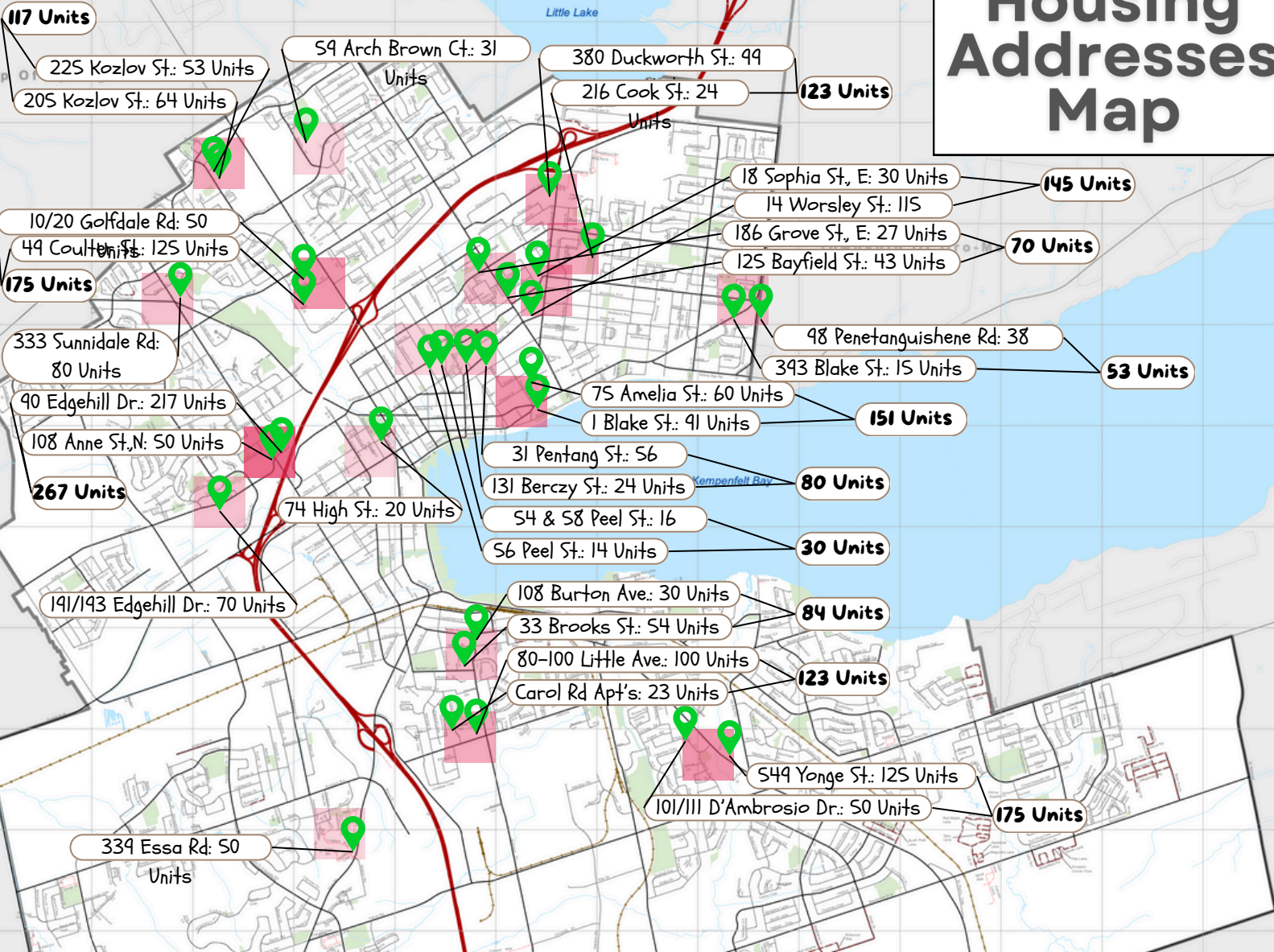
Fresh Food Weekly was using food security to treat these exact population groups in Barrie and Innisfil. Here's the demographic information describing the program recipients who were on the Fresh Food Weekly program at the time it was closed down:



Roll out	<p>Roll out Community Snapshot</p> <ul style="list-style-type: none"> • Use and evaluate tool among Healthy Barrie partners • NEED: Endorsement from City Council
Build on	<p>Build on local synergies</p> <ul style="list-style-type: none"> • Barrie Health Accord • Community Safety and Well-Being Plan
Identify	<p>Identify future projects</p> <ul style="list-style-type: none"> • Focus on timely, impactful activities • Decided collaboratively by Healthy Barrie partners

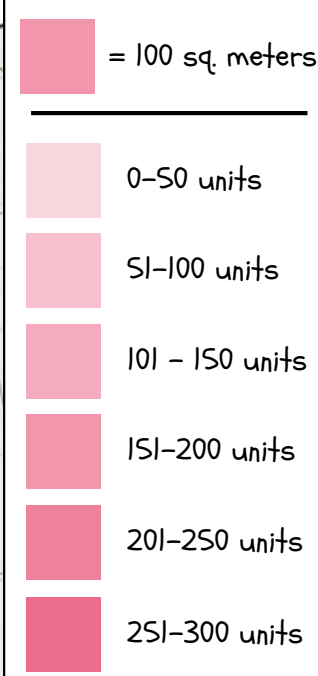


Barrie's Public Housing Addresses Map

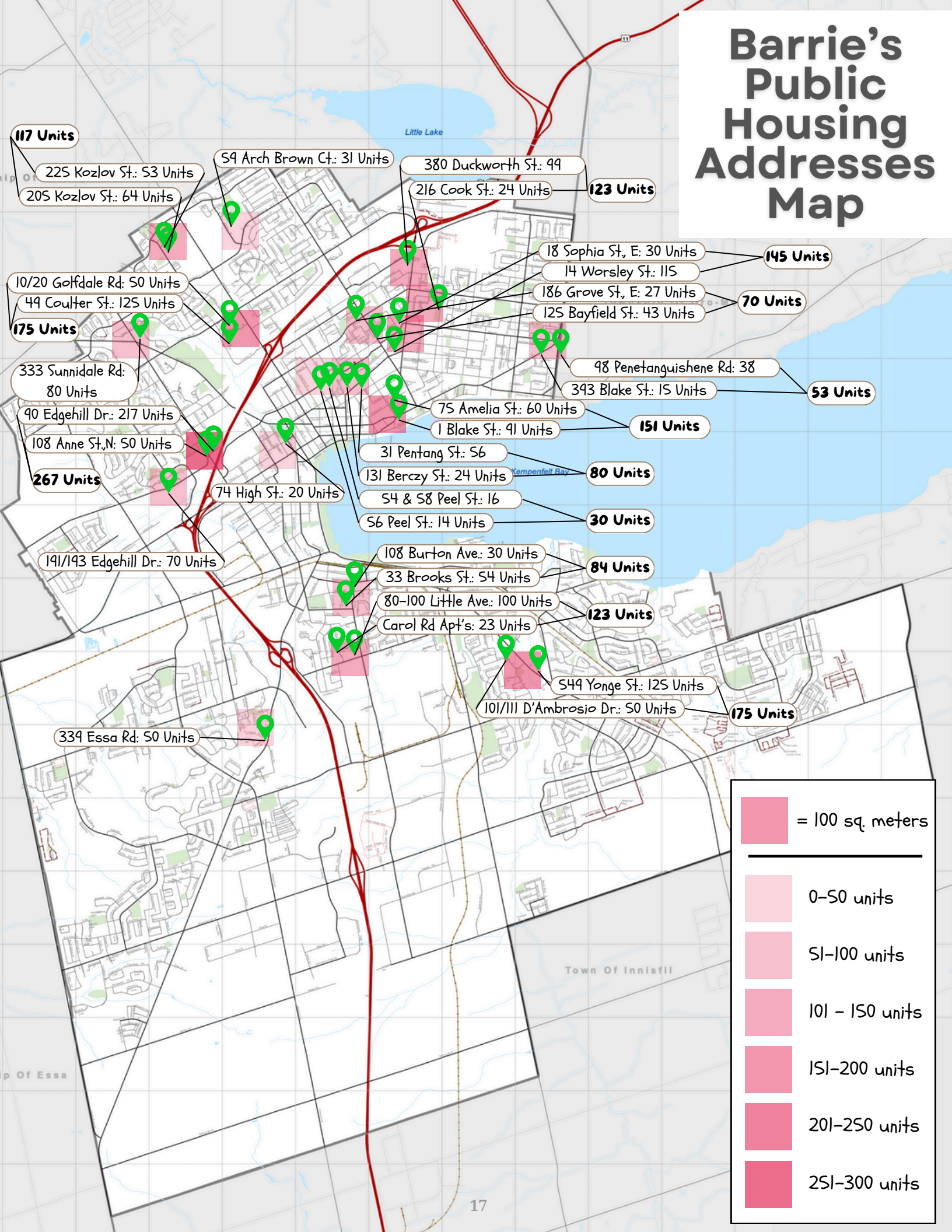


Barrie's food systems plans must consider the needs of the significant number of families residing in public housing.

Furthermore, when selecting the proximity to conduct food support programming, the term "close proximity" must take into consideration those in wheelchairs and walkers throughout all months of the year.



Barrie's Public Housing Addresses Map



117 Units

123 Units

145 Units

70 Units

175 Units

53 Units

267 Units

151 Units

80 Units

30 Units

84 Units

123 Units

175 Units

Legend

- = 100 sq. meters
- 0-50 units
- 51-100 units
- 101 - 150 units
- 151-200 units
- 201-250 units
- 251-300 units